POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Dy*		5-3-00
O.I.P.E. CLASSIFIER			5 9·00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	Un	C.4930	7-26

INDEX OF CLAIMS

✔ .... Rejected   N .... Non-elected
= .... Allowed   I .... Interference
− (Through numeral)... Canceled   A .... Appeal
÷ .... Restricted   O .... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
	1	✓✓			51				101	
	2	✓✓			52				102	
	3	✓✓			53				103	
	4	✓✓			54				104	
	5	✓O			55				105	
	6	✓O			56				106	
	7	✓✓			57				107	
	8	−			58				108	
	9	✓			59				109	
	10	✓✓			60				110	
	11	✓✓			61				111	
	12	✓✓			62				112	
	13	✓✓			63				113	
	14	✓✓			64				114	
	15	✓✓			65				115	
	16	✓✓			66				116	
	17	✓✓			67				117	
	18	✓			68				118	
	19	✓			69				119	
	20				70				120	
	21				71				121	
	22				72				122	
	23				73				123	
	24				74				124	
	25				75				125	
	26				76				126	
	27				77				127	
	28				78				128	
	29				79				129	
	30				80				130	
	31				81				131	
	32				82				132	
	33				83				133	
	34				84				134	
	35				85				135	
	36				86				136	
	37				87				137	
	38				88				138	
	39				89				139	
	40				90				140	
	41				91				141	
	42				92				142	
	43				93				143	
	44				94				144	
	45				95				145	
	46				96				146	
	47				97				147	
	48				98				148	
	49				99				149	
	50				100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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